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RECOMMENDATIONS OF THE MAYOR'S DRUG SYMPOSIUM TASK FORCE



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ART AGNOS, MAYOR
SAN FRANCISCO, CALIFORNIA
JANUARY, 1989

DRUG SYMPOSIUM TASK FORCE

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OVERVIEW

In August 1988 Mayor Art Agnos appointed a Drug Symposium Task Force to explore the feasibility of ideas and issues developed at the June 2, 1988 Symposium On Substance Abuse. Sponsored by Mayor Agnos, the Symposium was a first step in developing an action plan to combat one of the most critical and complex problems that San Francisco faces today - "crack" cocaine.

The Task Force was comprised of representatives of neighborhood-based agencies, the corporate community, treatment providers, tenant associations, city departments and youth. Father Jim Goode, a Housing Authority Commissioner and pastor of the Church of St. Paul of the Shipwreck, was selected by Mayor Agnos to serve as Chairman of the Task Force.

In addressing the Task Force, Mayor Agnos directed its members to focus on the development of a plan that would lead to a demonstration program that could be implemented at selected sites to address the crack problem. The implementation of a successful program would then lead to replication in other neighborhoods in the City.

The Mayor stated his commitment to obtaining the necessary resources to expand existing services and to introduce new activities that are necessary to alleviate the crack epidemic. Mayor Agnos asked the Task Force to focus on the development of a model that would prevent initial drug use, intervene where such use has already begun, and offer feasible alternatives to reduce the demand for illegal drugs by promoting social awareness, change and increased opportunities for recovery.



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DATA SUMMARY

The need for a coordinated approach to develop a citywide drug plan is confirmed by the data below.

- o The number of narcotics arrests by the San Francisco Police Department in 1988 has increased by 46% compared to 1987. The level of violence associated with crack dealing has also escalated, reflected by 56 drug-related shootings and Police seizure of approximately 300 guns during narcotic arrests.
- o The courts have been overwhelmed by the burgeoning number of crack cases; 54% of all felony case prosecutions during 1988 were narcotics related. Probation Department caseloads are saturated with drug offenders and 60% of the juveniles in custody are detained on drug-related charges.
- o There is a severe lack of drug treatment services, especially inpatient facilities. Waiting periods to access treatment services commonly exceed 3 months.
- o The Public Health Department estimates that 1000 babies were born drug addicted and neurologically damaged at San Francisco General Hospital in 1988 as a result of their mothers' addictions.

THE PROCESS

The Task Force identified three target sites for the demonstration models - the Alice Griffith and Plaza East public housing complexes and Oceanview Playground. The sites are respectively located in the Hunters Point, Western Addition and Oceanview neighborhoods, areas heavily impacted by the city's drug crisis.

These sites were selected because of existing resident and community organizing efforts as well as the support service planning activities that had already commenced.

Four working Task Force Committees were established:

Alternatives for Youth

Gwendolyn Dilworth, Chair
Director, San Francisco SAFE

Neighborhood Involvement

Leroy Looper, Chair
Director, Cadillac Hotel

Resource Development

Wayne Clark, Ph.D., Chair
Director, Community Substance Abuse Services
San Francisco Department of Public Health

Services, Treatment and Prevention

David Smith, M.D., Chair
Founder/Medical Director, Haight Ashbury Medical Clinic

The Committees and Task Force met over a period of three months conducting many of their meetings in the target neighborhoods. These neighborhood meetings provided an opportunity for Task Force members to see first hand the conditions, needs and resources, and for community residents to participate and provide input into the planning process.

GUIDING PRINCIPLES

Several basic principles emerged as an outgrowth of the Task Force and committee discussions; these principles serve as the foundation for the recommendations which are detailed on the following pages.

- o Successful efforts to combat the drug problem are dependent on the maximum participation and empowerment of area residents.
- o Drug prevention, intervention and treatment services must be coupled with public safety efforts to provide a comprehensive attack on the drug problem.
- o A multi-service center program should be established at each target site. Support services should be provided on site and tailored to meet the specific needs of the respective communities.
- o Service providers engaged in the multi-service network should receive uniform, culturally and ethnically sensitive training to create a cohesive approach in addressing the drug problem.
- o Models developed through this process must be available for replication in other San Francisco neighborhoods.

RECOMMENDATIONS

COMMUNITY BUILDING

- o Organize residents and strengthen Resident Councils. Place emphasis on attracting residents who have not been traditionally involved, especially young people.
- o Explore co-location of providers; insure coordination of services between providers.
- o Enhance relationships and utilization of services available through the entire community including churches, families, schools, non-profit agencies.
- o Establish a neighborhood hub/gathering place -- to be determined by residents.
- o Enhance positive neighborhood interactions through conflict resolution services to resolve community, family and other disputes.

- o Develop outreach and streetwork programs to inform residents of available resources and maximize their utilization of services.
- o Develop mentor programs for and by youth.
- o Develop educated resident consumers (knowing your rights and accessing available services).
- o Organize community service projects such as:
 - Intergenerational activities
 - Food drives for homeless
 - Toys for tots
- o Promote activities that encourage community pride/ownership such as:
 - Community clean-ups
 - Community gardens
 - Community playgrounds
 - New youth centers - creation, nurturance and/or preservation

PUBLIC SAFETY

- o Outstation San Francisco Police Department personnel at target sites; maintain a consistent police presence (a minimum of 3 p.m. - 11 p.m.; 7 days/week).
- o Provide intensive police support by narcotics units, district officers, community services and other appropriate units. Police should also address other illegal activities, such as trespassing, which often accompany drug trafficking.

PUBLIC HOUSING

- o Expedite renovation of all vacant units at target sites; renovation should be coordinated with the introduction of support services.
- o Provide orientation, including comprehensive review of lease requirements and resident responsibilities, to all residents.
- o Involve Resident Councils in screening prospective residents.
- o Provide incentives for residents, such as reduced rents, for exemplary residency, resident participation, etc.

- o Enhance positive relationships between Housing Authority and residents, recognizing the co-dependency of the Authority and residents.
- o Explore resident management/ownership of housing units.
- o Encourage increased presence of Housing Authority administrators at public housing sites.
- o Re-establish Housing Authority site monitorings by Mayor's Office.

EMPLOYMENT

- o Institute labor union assisted training programs so that residents and service organizations can perform minor repairs at target sites.
- o Create resident employment opportunities via development of innovative programs in renovation/maintenance activities of Housing Authority.
- o Develop relationships with resources (PIC, EDD, SFCC, CBO's, et. al.) for intensive employment-related services; establish job boards at sites.

- o Form a coalition of government agencies/private businesses/community agencies to expand year round and summer job opportunities for high risk youth. Supportive services such as job awareness, development, placement and follow-up subsequent to employment need to be provided.
- o Expand cooperation between vocational training/employment programs and drug education and counseling so that substance abuse will not compromise job opportunities. (An increasing number of young people who need vocational training and jobs lose such opportunities because their pre-employment urine screen tests positive for illicit drugs, or their work performance is impaired by substance abuse.)
- o Develop "latch-key" programs of peer support, tutoring, drug prevention and recreational activities operated by teens for younger children.
- o Encourage and develop youth Corporations run by and for youth to provide job skills and employment.

HEALTH SERVICES

- o Establish on site health clinics, as appropriate.

- o Locate WIC (Women, Infant and Childrens) program and other health services on site.
- o Eliminate substance abuse waiting lists to insure availability of treatment.

Primary prevention (stopping drug abuse before it starts)

- o Promote health awareness, such as drug education and family planning/health screening for high risk women of child-bearing age.
- o Develop linkages to all community based agencies regarding information and referral capacity.

Secondary Prevention (intervening before use becomes abuse)

- Institute peer group activities, early intervention self-help groups, pre-teen alanon, alateen, rap groups, family support groups (such as codependency, children of alcoholics).

Tertiary Prevention (treating the drug abuser to prevent further problems). These services are for adults,

adolescents and women with their children.

Detoxification

- Outpatient, 21 days of symptomatic, acupuncture or other intensive detoxification regimen. (\$20/day/client)
- Residential, 21 days of 24 hour supervised care for withdrawal symptomatology in a supportive environment. (\$65/day/client).

Residential Care -

- Provide short term residential care, 60 to 90 day stays with 24 hour supervision, intensive group counseling, drug education, etc. (\$55/day/client).
- Provide long term, (six months to two years) semi-structured residential care with 24 hour supervision, peer support, drug education, vocational rehabilitation and adult education. (\$40/day/client).
- Establish drug free housing. (Section 8 or other subsidies could offset these costs.) Clean and sober apartments linked to social and other support services.

Outpatient -

- Provide day treatment 6-10 hours of structured activities per day, such as vocational counseling, job placement, recreational activities, drug information, AIDS education, etc.
- Provide aftercare, weekly or more frequent visits, to drug programs for ongoing counseling, family reunification, couples therapy, parenting workshops, and other psycho-education, interventions.

EDUCATION

- o Establish drug education coordinator to procure drug education materials and develop educational resources on various related subjects such as codependency, parenting, sex education, AIDS, cultural sensitivity.
- o Encourage outreach from drug rehab programs to present the "recovering" youth addicts' perspective.
- o Develop and expand educational peer counseling programs.
- o Establish/expand tutoring "study halls" on site for and by youth.

- o Teach crime prevention skills as they relate to gang activity and victimization.
- o Develop after school, site-based programs for elementary school youth for tutoring, recreation, and other activities in a drug free, safe environment.

RECREATION

- o Expand or develop drug free recreation activities such as athletics, talent shows, RAP contests, concerts, dances, festivals and movies to be organized with the assistance of agencies such as the Recreation and Parks Department. Utilize media in youth related activities, such as doing radio/T.V. shows for and about youth.
- o Expand or develop neighborhood youth councils at target sites; develop linkages with proposed Mayor's Youth Council. Activities of the Youth Council might include production of a newsletter.
- o Provide access to Cultural Enrichment Activities -- Field trips, museum visits, ethnic awareness activities and theatrical events. Arrange activities that are relevant to both elementary as well as high school age youth.

- o Seek funding for a video van - to be a means for youth to communicate their ideas, dreams to the community at large. This van could also be made available at the target sites on a rotating basis as an educational outreach tool. Youth could learn valuable communication skills, script writing, editing and producing.

SOCIAL SERVICES

- o Based on client population, GAIN staff (DSS) should be outstationed initially at Alice Griffith to conduct intake, case management, and support services as appropriate. These services will be provided at other target sites as the GAIN program develops and expands.
- o Assist in the development of a child care center at Alice Griffith linked directly with the GAIN program. Construction to be coordinated with San Francisco Conservation Corps; preference to be given to Alice Griffith youth for any new Corps slots for this project.
- o Outstation child welfare workers and social service providers from community agencies at multi-service centers (where there is an appropriate client population) on a rotating basis to provide case management and support services.

THE NEXT STEP

Mayor Agnos has directed the staff of the Mayor's Criminal Justice Council to oversee the implementation of the Task Force recommendations. The Mayor's Criminal Justice Council staff will be working with appropriate departments, agencies, neighborhood organizations and Drug Task Force members in this effort.

The proposed activities will be established through newly identified public and private monies, as well as a redeployment of existing City personnel and non-profit agency resources.

The Drug Symposium Task Force will be reconvened in three months by Mayor Agnos to update members on the status of the implementation effort.

DRUG SYMPOSIUM TASK FORCE COMMITTEE PARTICIPANTS

In addition to the Drug Symposium Task Force members, the following individuals participated in the formulation of the recommendations:

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ACKNOWLEDGEMENTS

The Drug Symposium Task Force extends its sincere thanks and appreciation to the concerned neighborhood residents, community representatives and many others who took time to share their thoughts and concerns about this most vexing problem.

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